



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

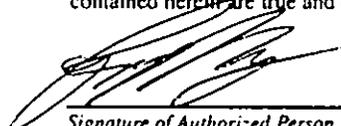
1. ID No. 126263		2. Exact name of the limited liability company LOTTERYVILLE MARINA, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A MARINA			
5. Principal office address 25 Avondale Road		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Roger L. Hall			Contact Title		
Street Address 25 Avondale Road		City Westerly	State RI	Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Roger L. Hall			Manager Name Roger M. Hall		
Street Address 25 Avondale Road		Street Address 25 Avondale Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MATTHEW L. LEWISS, ESQ.			Address		
Address 79 FRANKLIN STREET		City WESTERLY		Zip 02891-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/11/05	*126263*
Check No.	1261	C79378
By:	KML	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.


Signature of Authorized Person

10/4/05
Date

Roger L. Hall
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No. 126263		2. Exact name of the limited liability company LOTTERYVILLE MARINA, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A MARINA			
5. Principal office address 25 Avondale Road			City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Roger L. Hall			Contact Title		
Street Address 25 Avondale Road			City Westerly	State RI	Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Roger L. Hall			Manager Name Roger M. Hall		
Street Address 25 Avondale Road			Street Address 25 Avondale Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MATTHEW L. LEWISS, ESQ.			Address		
Address 79 FRANKLIN STREET			City WESTERLY	Zip 02891-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 6 2 6 3 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Roger M. Hall 10/29/04
Signature of Authorized Person Date
ROGER M. HALL
Print or Type Name of Authorized Person

File Date	11/18/04
Check No.	1133
By:	US
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126263		2. Exact name of the limited liability company LOTTERYVILLE MARINA, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island operating a marina	
5. Principal office address 25 AVONDALE ROAD		City WESTERLY	State RI
		Zip 02891-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROGER L. HALL		Contact Title	
Street Address 25 Avondale Road		City Westerly	State RI
		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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Zip 02891		Zip 02891	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MATTHEW L. LEWISS, ESQ.		Address 79 FRANKLIN STREET	
Address		City WESTERLY	Zip 02891-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 6 2 6 3

126263 DLLC 10/31/03 10:16:23 AM

File Date 11/19/03

Check No. 0284

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Nov. 11/03
Signature of Authorized Person Date

ROGER M. HALL
Print or Type Name of Authorized Person